

RECEIVED

POSITION	ID NO.	DATE
CLASSIFIER	20	5-14-93
EXAMINER	350 319	5-25-93
TYPIST	7835	5-28-93
VERIFIER	358	5-28-93
CORPS CORR.		
SPEC. HAND		
FILE MAINT.		
DRAFTING		

INDEX OF CLAIMS

Claim	Date
Final	
Original	
1	2 8 5 12
19	28 8 8 8
24	24 74 94 94
1	✓ ✓
2	✓ ✓
3	✓ ✓
4	✓ ✓
5	✓ ✓
6	✓ ✓
7	✓ ✓
8	✓ ✓
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SYMBOLS

✓	Rejected
-	Allowed
- (Through number)	Cancelled
+	Restricted
N	Non-elected
I	Interference
A	Appeal
O	Objected

Claim	Date
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BEST AVAILABLE COPY